FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	JAL REPORT 1998	7.7	ry of State CORPORATIONS	Secretary	of State
	MENT # 74316	67 (9)			
SONRI	SA CONDOMINIUM ASSOC	CIATION, INC.			
					AN 8164 BIEN 8186 BIEN 1186
Principal Plac	e of Business	Mailing Address			AND DIGHT DURTH DIGHT DIGHT FOR A
2000 GULF BLVD., #12 2000 GULF BLVD., #12					
BELLEAIR BEA		BELLEAIR BEACH FL 3463	14	3. Date incorporated or Qualified 06/06/1978	
				4. FEI Number	Applied For
A D3-35-37-6	10	To the Add		59-1860357	Not Applicable
2. Principal P	lace of Business	2a. Mailing Address		Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		8. Election Campaign Financing	\$5.00 May Be
22		27		Trust Fund Contribution	Added to Fees
City & Stat	9	City & State		7. Is this nonprofit corporation a horrecowne	rs association? ☐ No
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	25	29	30		Yes No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registered	Agent
BYRD, B.P.				(DO Day Number II New Association	<u></u>
2000 GULF BLVD., #12			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
BELLEAIR BEACH FL 34634			83		
İ			84 City	· FL	85 Zip Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statut	es, the above-named cor		changing its registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE .				<u> </u>	
12.	Signature, typed or printed name of registered ag OFFICERS AN	pent and title if applicable. (NOTI ND DIRECTORS	E: Registered Agent signature requi	(Ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BYRD, BONNE P		1.2 NAME		
STREET ADDRESS	2000 GULF BLVD., #12		1.3 STREET ADDRESS	ų.	
CITY-ST-ZIP	BELLEAIR BEACH FL 34634	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	BRACKEN, VIRGINIA		2.2 NAME		C Ownige C Frontion
STREET ADDRESS	2000 GULF BLVD., #14		2.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BEACH FL 34634		2. 4 CITY-ST-ZIP	<u> </u>	
TITLE NAME	D Jones, Yvonne	☐ DELE TE	3.1 TITLE 3.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	14 HIBISCUS ROAD		3.3 STREET ADDRESS		Ì
CITY-ST-ZIP	BELLEAIR FL 34616		3.4. CITY-ST-ZIP		
TITLÉ	D	☐ DELE TE	4.1 TITLE		Change Addition
NAME	KEMKER, HARRY		4. 2 NAME		
STREET ADDRESS CITY-ST-ZIP	1750 SUNNYSIDE AVENUE HIGHLAND PARK IL 60035		4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	•	{
TITLE	THE IN THE PARTY IS NOT	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Driese	5.4 CITY-ST-ZIP		Dichara Datas
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition

CITY-ST-ZIP 6.4 CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 it chapter on an attackment with an address.

6.3 STREET ADDRESS

STREET ADDRESS

595.1777

Mar 27 1998 8:00am